

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>4579</u>	2 Fiscal Year Covered From <u>7/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>Mark Simpson</u>  P O Box Bldg Room No if any  Street <u>186 Adelphi Ave</u> City <u>Harrison NY 10528</u> State <u>NY</u> ZIP Code + 4 <u>10528</u>	4 Name file number and address of labor organization Name <u>Laborer Local 235</u>  Labor Organization File Number <u>530-706</u>  P O Box Building and Room Number if any  Street <u>41 Knottwood Road</u> City <u>Elmsford</u> State <u>NY</u> ZIP Code + 4 <u>10523</u>
5 Position in labor organization <u>trustee</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income           7 b Amount
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### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Mark Simpson On 8/10/05 (914) 592-3020  
Date Telephone Number

Name of Person Filing <b>MARK Simpson</b>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <u>LOCAL Benefit Funds</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>41 Knottwood - ROAZ</u></p> <p>City <u>Elmsford</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10523</u></p>	<p><b>9</b> Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11 a</b> Nature of such dealing</p> <p><u>Provide Ben fits for Local 235 members</u></p>
	<p><b>11 b</b> Approximate dollar value of such dealing <u>N/A</u></p>
	<p><b>12 a</b> Nature of interest held or income received</p> <p><u>Conferences Registration Hotel meals Golf Education christmas party</u></p>
	<p><b>12 b</b> Amount <u>3,434 3534</u></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment</p>
<p><b>13 b</b> Is the Business an Employer or Con u tant ?</p>	<p><b>14 b</b> Amount of payment</p>

Name of Person Filing <b>MARK Simpson</b>	File Number U
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<p>8 Name and address of Business (including trade name if any)</p> <p>Name <b>LAZZARD investment</b></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p><input checked="" type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>30 Rockefeller Plaza Center</b></p> <p>Trade Name if any <b>New York Total</b></p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p><b>Investment manager</b></p>
	<p>11 b Approximate dollar value of such dealing <b>80,547</b></p>
	<p>12 a Nature of interest held or income received</p> <p><b>Dinner</b></p>
	<p>12 b Amount <b>100.00</b></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

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8 Name and address of Business (including trade name if any)

Name

**Bank of American**

Trade Name if any

**Fleet**

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

a Labor Organization

b Trust

☒ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

**1185 Ave of American**

Trade Name if any

**New York N.Y 10036**

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

**52,860**

12 a Nature of interest held or income received

12 b Amount

**200.00**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment

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8 Name and address of Business (including trade name if any)

Name

**SEGAL CO**

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

a Labor Organization

b Trust

☒ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

**one PARK Ave**

Trade Name if any

**New York N.Y**

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

**Actuary**

11 b Approximate dollar value of such dealing

**86,850**

12 a Nature of interest held or income received

**lunch**

12 b Amount

**73.00**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment